

HARTFORD SCHOOL DISTRICT

Personal & Emergency/Bereavement Leave Request Form

(Complete this form and send directly to your administrator for reporting and approval.)

DEFINITION – NEGOTIATED AGREEMENT

1. Personal Leave – Three (3) days per year will be granted as personal days without loss of pay. Except in the case of emergencies, notification to the teacher's immediate administrator shall be made at least two (2) business days in advance. Personal days shall be for the express purpose of attending to those needs not readily accomplished or able to be scheduled at other times; they should not be taken simply because the teacher has not needed the allotted number of personal days for legitimate purposes. Personal days may be used to attend family obligations and special events (e.g., weddings, class reunions, graduations, and religious holidays). Personal leave may not be taken for such things as shopping trips, recreational purposes, work for pay, or one's birthday. No reason need be stated. No personal days will be granted immediately before or after a vacation period or the Thanksgiving break unless the Superintendent determines that extenuating circumstances prevail.

A teacher who has used three personal days may request to use emergency leave in the event of extenuating circumstances that require additional personal leave in a given year. The use of emergency leave requires approval of the Superintendent or his/her designee. At the end of each school year, unused personal days will be added to the number of accumulated sick days.

2. Emergency/Bereavement Leave - Three (3) days per year may be granted without loss of pay for emergencies, including bereavement and attendance at funerals. The Superintendent must approve payment for all emergency/bereavement days taken. Unused emergency/bereavement days may be carried over and used under certain extenuating circumstances when deemed warranted by the Superintendent. Requests for additional emergency/bereavement days in any one year shall be made to the Superintendent or his/her designee.

Name _____ Date Submitted _____

Requested day(s): _____ Personal _____ Emergency/bereavement _____

Date(s) requested: _____

Reason for request of emergency/bereavement leave: _____

Employee's signature: _____ Date: _____

Administrator's action: Approved _____ Not Approved _____

Administrator's signature: _____ Date: _____

Superintendent's action (if necessary): Approved _____ Not Approved _____

Original : Supt.'s Office 2nd copy: Administrator 3rd copy: Employee

